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## C-A OPERATIONS PROCEDURES MANUAL

### 1.16 Procedure for Invitation and Responsibilities to Foreign Nationals

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Attachments

#### Hand Processed Changes

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Revision No. 01

Approved: \_\_\_\_\_  
Signature On File  
Collider-Accelerator Department Chairman      Date

P. Lo Presti

## 1.16 Procedure for Invitation and Responsibilities to Foreign Nationals

### 1. Purpose

This procedure provides C-A Department hosts with requirements for visits/assignments of foreign nationals. This procedure also documents the responsibilities the host has to the invited guest/collaborator and BNL.

#### 1.1 Definitions

**Assignment:** Presence of an invited foreign national for more than 30 calendar days. Assignments are normally for the purpose of participation in work of the facility, gaining experience, or contributing to projects.

**Foreign National:** Any person who is not a U. S. citizen, and includes permanent resident aliens. This also includes: officials or persons employed by foreign governments or institutions which may or may not be involved in cooperation with national agreements; foreign students at U. S. institutions.

**Host:** An employee who is sponsoring a visit or assignment. A visitor or assignee cannot be a host unless employed by BNL. A sensitive country foreign national cannot be a host of another sensitive country foreign national.

#### **NOTE**

A Host is directly responsible for ensuring adherence to BNL requirements.

**Indices Check:** A procedure whereby a request is made to appropriate U. S. Government agencies to determine whether information exists on a particular foreign national.

**Sensitive Country:** A country to which particular consideration is given for policy reasons during DOE internal review and approval process of visits and assignments by foreign nationals. A foreign national is considered to be from a sensitive country if a citizen of or employed by a government or institution of a sensitive country. List of sensitive countries is on file with your Division Secretary.

**U. S. Citizen:** A citizen of the U. S., including naturalized citizens.

**Visit:** Presence of a foreign national for 30 calendar days or less. The term “visit” includes official sponsored attendance at a DOE event off-site, but does not include on, or off-site events open to the general public.

## 2. **Responsibilities**

2.1 As a host you are responsible that your guests will:

- 2.1.1 conduct themselves in a manner that complies with BNL requirements and conduct work in a manner that protects their own safety, co-workers and the environment.
- 2.1.2 Complete the Laboratory General Employee Training (GET) prior to beginning work and any other training required by the department or division.
  - 2.1.2.1 In cases of casual visits, it will be the host discretion if training is required.
- 2.1.3 Assist in attendance of any other required C-A training.
- 2.1.4 Have your guest accompanied by someone who can act as translator if your guest is not fluent in English well enough to understand safety instructions.
- 2.1.5 Insure your guest wears a hard hat in required areas. Additionally, safety shoes and glasses are required for mechanical and assembly work.

## 3. **Prerequisites**

None.

## 4. **Precautions**

None.

## 5. **Procedure**

The Host shall coordinate with the group secretary **45** days prior to visit the following:

- 5.1 Letter of invitation indicating that a B1 or J1 visa (depending on the duration of the visit) is required. It should state in your letter of invitation that your guest remains an employee of his home institution.
- 5.2 Medical insurance is required for all visits over 30 days. Supply your secretary with an account number that is to be charged.
- 5.3 Have invitee complete the form IA-473 "Request for Foreign National Unclassified Visit or Assignment". Blocks 1-47 are to be completed.
- 5.4 Submit the completed IA-473 to Bldg. 30, 30 days prior to arrival of guest. **This is an especially important time period if your guest is from a sensitive country and needs to have an indices**

**check done.**

5.4.1 In the case of a short-notice casual visit visitor is allowed entry and host is to receive copy of visitors passport and visa and ask visitor to complete form IA473.

5.4.2 Form IA473 is to be forwarded to Bldg. 30 as expeditiously as possible, even if after-the-fact.

5.5 Notify Police Headquarters, in writing, of guest arrival.

5.6 Have guest complete Medical Insurance Enrollment form (if required) upon arrival at BNL and submit form to Bldg.185.

**6. Documentation**

6.1 A copy of the letter of invitation shall be retained by the group secretary.

6.2 A copy of the IA-473 shall be retained by the group secretary.

6.3 A copy of the Notice of Visitor to Police Headquarters shall be retained by the group secretary.

**7. References**

7.1 Standard Practice Instruction Manual

**8. Attachments**

8.1 Sample letter of invitation

8.2 IA-473 to be completed by invitee

8.3 Notification of Visitor to Police Headquarters



Bldg. 911B  
Upton, New York 11973-5000  
Tele: (613) 344-4771  
FAX: (613) 344-5954  
lopresti@bnl.gov  
[www.bnl.gov](http://www.bnl.gov)

managed by Brookhaven Science Associates  
for the U. S. Department of Energy

Collider-Accelerator Department

Date

Name and Address

Dear Dr. \_\_\_\_\_:

We would like to invite you to Brookhaven for approximately length of time here, beginning approximately Date here, to work on the Name or number of experiment experiment. When you know your exact arrival date at Brookhaven please let us know so that housing arrangements can be made. If there are any changes in your travel plans please advise our secretary, at the above Email address, so the proper adjustment can be made. We understand that you will remain an employee of the Name of institution person is with and will continue to receive a salary during this visit. Because of this, we believe that the appropriate U.S. visa will be a B1. We also ask that you please complete, where indicated, the attached IA473 Form, and fax it back to Your name so that we can begin to process your visit to BNL.

We look forward to your visit at Brookhaven.

Sincerely yours,

Name of Chairman or Invitor  
Title

cc:

## REQUEST FOR FOREIGN NATIONAL UNCLASSIFIED VISIT OR ASSIGNMENT

**PART I: PERSONAL DATA**

1. Name of Visitor (Family)		(Given)	(Middle)	2. Visitor Number	3. Request Number
4. Gender of Visitor <input type="checkbox"/> M <input type="checkbox"/> F	5. Place of Birth (City, Country) Moscow, Russia				6. Date Of Birth (MM-DD-YYYY)
7. Country of Citizenship Russia			8. Passport Number		9. Expiration Date (MM-DD-YYYY)
10. Immigrant Alien <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. Type of Visa B1	12. Expiration Date	13. Interpreter Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Work Phone E-mail Fax
15. Name of Current Employer			16. Place of Work (If different from 15)		
Street			Street		
City		State/Province	City		State/Province
ZIP Code		Division	ZIP Code		Division
Country			Country		
17. Title, position or description of visitor's or assignee's duties.					

**PART IIA: VISIT/ASSIGNMENT REQUEST INFORMATION**

18. Date of Request (MM-DD-YYY)	19. This request is for: <input type="checkbox"/> Visit <input type="checkbox"/> Assignment		20. Visitor currently in US? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. <u>For assignment only:</u> Will you require an exchange visitor (J-1) visa? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. <u>For assignment only:</u> Is the assignment for intermittent periods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Identify any specific international agreement.			
24. Name of DOE contact. Dennis Kover		25. DOE contact organization. Nuclear Physics Div.	
26. DOE Contact Telephone Number 301-353-3613	27. Name of Financial Sponsor ER		28. Cost (Sponsor other than DOE) 0

**PART IIB: VISIT/ASSIGNMENT FACILITY INFORMATION**

29. Facility or organization to be visited/assigned Name: BROOKHAVEN NATIONAL LABORATORY Location: Upton, NY	Code BN	Security <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sensitive <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2-Letter Dept. Code AD	30. Desired Dates (MM-DD-YYYY) Start End
31. Name of the host responsible for the visit/assignment				32. Host's telephone number	
33. Building and room numbers					
34. Number of days on site	35. Programmatic visit/assignment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
36. Subject Codes 645000					
37. Subjects to be discussed or statement of research in which you wish to be assigned. High Energy Physics Is this a sensitive subject? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

# IA-473

## REQUEST FOR FOREIGN NATIONAL UNCLASSIFIED VISIT OR ASSIGNMENT

### PART III: VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARK

38. High level/protocol visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. Cost (DOE) 0	40. B&R Code KB-0000	41. HDE Assoc. Director's code ER20	42. Visit or assignment purpose code 14
43. Purpose and justification of visit/assignment, including benefits to DOE program(s)				
44. Name of requesting official or contractor D.I. Lowenstein		45. Title and organization of requesting officer Chairman, CAD		
46. Signature of requesting official or contractor		47. Date signed (mm/dd/yyyy)		
48. Name of local/headquarters approving official T. Sheridan		49. Title and organization of local/headquarters approving official Assoc. Director		
50. Signature of local/headquarters approving official		51. Date signed (mm/dd/yyyy)		
52. Export Control Review: _____ Export License Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Technology Transfer Review: _____ Safeguards and Security Review: _____ Counterintelligence Review: _____		Date: _____ Date: _____ Date: _____ Date: _____		

Family members who will be living with the applicant on-site at BNL:

Family Name:	Country of Birth:
Given Name:	Birthdate (MM/DD/YYYY):
Middle Name:	Relationship to applicant:
City of Birth:	Citizenship:
Family Name:	Country of Birth:
Given Name:	Birthdate (MM/DD/YYYY):
Middle Name:	Relationship to applicant:
City of Birth:	Citizenship:
Family Name:	Country of Birth:
Given Name:	Birthdate (MM/DD/YYYY):
Middle Name:	Relationship to applicant:
City of Birth:	Citizenship:
Family Name:	Country of Birth:
Given Name:	Birthdate (MM/DD/YYYY):
Middle Name:	Relationship to applicant:
City of Birth:	Citizenship:

IA-473 Prepared by: Penny Lo Presti  
BNL Ext. 2625 Bldg.: 911B

8/11/99

Visitor(s)/Event		Point Of Contact: (POC) Name	
		POC Extension	
Visitors Company Name		POC Division	
		POC Home Phone or Alternate Phone (if needed)	
		POC Pager	
		Bldg./Room No.	
Visitor type (i.e., Contractor)			
Expected Time of Arrival:			
Start Date	End Date		
Event/Comments		<b>FAX To Ext. 5688 24 Hours Prior to the Scheduled Visit</b> (or if possible, sooner)	